

RYE RECREATION
ADULT STAFF MEDICAL FORM
(16 years and older)

Name: _____ Phone: _____

Address: _____ City/State: _____

Date of Birth: _____ Zip Code _____

MEDICAL FORM
(ALL STAFF born after 1957 MUST COMPLETE FORM)

Immunization record: List exact dates i.e. 11/22/92

Live Measles: 2 doses are required *

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OR

MMR: 2 Doses are required*

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Required:

Insurance Company: _____

Insurance Card Number: _____

Parent Work Phone Numbers:

Mother: _____ Father: _____

Doctor's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

List any allergies/medical problems or medicine taken during camp hours: _____

In the event I can not be reached and an emergency situation occurs, I hereby give my permission to the physician selected by the Camp Director to hospitalize and/or secure proper treatment for my child/self.

Parent's Signature(if under 18): _____

Staff Signature (if 18 or older): _____

RYE RECREATION

MEDICAL FORM - JR. COUNSELOR

(all camp staff under 16 years of age)

Name: _____ Phone: _____

Address: _____ City/State: _____

Date of Birth: _____ Zip Code _____

Mother's Name	Mother's Work Phone	Mother's Cell Phone
Father's Name	Father's Work Phone	Father's Cell Phone
Allergies, medication required during the camp day or camper's special needs		

Immunization records as required by the Department of Health - please list exact date (1/1/00)

DO NOT attach records - Complete boxes below

DPT - 1	DPT - 2	DPT - 3	DPT - 4	Hib
OPV - 1	OPV - 2	OPV - 3	Varicella/Chicken Pox	
Hep B - 1	Hep B - 2	Hep B - 3	MMR - 1	MMR - 2

Children in Grade K or older are **REQUIRED**
to have 2 vaccines for Measles

Emergency Name (other than parent)	Emergency Phone
Doctor's Name	Doctor's Phone
Insurance Company	Insurance Policy Number

In the event I cannot be reached in an emergency situation, I hereby give my permission to the camp director/camp health officer to secure proper treatment for my child named above. I understand that the camp will try to contact the parents first at the numbers listed above. I understand that the City of Rye DOES NOT carry accident or medical coverage for participants. I hereby give permission for my child, registered above, to attend the Rye Recreation camp program. I hereby release the City of Rye and its employees and volunteers from any and all liability for personal injuries and/or property damage sustained by my child or I sustain in a Rye Recreation camp program.

Signature	Date